



4123 Clark Rd  
Sarasota, FL 34233

[www.HurricaneGlassShield.com](http://www.HurricaneGlassShield.com)

## Agent Referral Agreement

Hurricane Glass Shield (HGS) will evaluate all referral forms received and, at HGS sole discretion, decide whether you are eligible to participate in the Customer Referral Program and whether the prospect is an eligible referral based on the following guidelines:

1. The referral form must be accurate and complete. Incomplete forms will not be considered.
  - a. The prospect cannot be an existing HGS customer or existing HGS prospect. You may not refer yourself.
  - b. Other criteria may apply depending on the circumstances.
2. If HGS completes the sale, as evidenced by a fully executed customer contract and invoice to the eligible referral, HGS will issue a referral payment (within 30 days) after the completion of contract and payment in full for an amount equal to:
  - a. \$20 referral payment for a customer sale between \$300 and less than \$1,000
  - b. \$75 referral payment for a customer sale between \$1,000 and \$5,000
  - c. \$200 referral payment for a customer sale over \$5,000
3. The relationship of the parties is that of independent contractors and the individual or company making the referral to HGS agrees that it shall not
  - a) act as or create the appearance of being a HGS employee or agent and b) make any warranties or representations on HGS behalf. Neither party shall be responsible for the acts or omissions of the other party or the other party's personnel.
4. This Customer Referral Program commences January 1, 2009 and can be terminated by HGS at any time. HGS must receive all referrals during the time this Customer Referral Program is active.

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Between:  
Hurricane Glass Shield, Inc.  
4123 Clark Road  
Sarasota, FL 34233

Phone: 941-921-0844  
Toll Free: 866-224-8300  
Fax: 941-923-8114

And:

\_\_\_\_\_  
Agent (Company Name / Individual)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address (monthly status reports will be sent to you via email)

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Name: \_\_\_\_\_  
(Authorized Hurricane Glass Shield Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature - Agent

\_\_\_\_\_  
Agent SS# (must be provided before payment can be issued)

This agreement specifically supersedes and replaces all other understandings or agent referral agreements.